



Arkansas Early Childhood Comprehensive Systems Initiative Medical Homes Work Group

Minutes – July 19, 2004 – 9:30 a.m. – 12:00 noon – Freeway Medical 9th floor conference room

Members Present: Gil Buchanan, Stevie Cherepski, Kara Cooper, Jan Cox, Deborah Gangluff, Dana Gonzales, Lynn Mouden, Eddie Ochoa, Delores Pinkerton, Martha Reeder, Belinda Sanders, Peggy Starling

Agenda Item #1: Welcome and Introductions – Lynn Mouden

Discussion: Lynn Mouden introduced new members to the work group. Delores Pinkerton is replacing Kellie Phillips as a representative from Medicaid. Jan Cox is joining the work group as a representative from Head Start, Region VI

Results:

Agenda Item #2: Overview of the Logic Model – Deborah Gangluff

Discussion: Deborah reminded work group members of basic definitions related to the logic model:

- Problems/Issue – What we want to address
- Goal – Broad overview
- Outcome Objectives – must be measurable, including a time component
- Inputs – money, staff, facilities
- Output – (examples) list of resources, statewide database, system of standards/accountability
- Activities – specific things to do (i.e. make a brochure)
- Short-term Outcomes – one year or less
- Long-term Outcomes – three year time frame

Results:

Co-chairs Kara Cooper and Lynn Mouden guided the group members in a discussion of the ten MCH Goals.

Agenda Item #3 - Development of the Logic Model & Brainstorming of the MCH Goals - Deborah Gangluff

Discussion: The discussion began around the MCH Goals dealing with state level policies:

State Level Policies

- State level policies and systems will provide incentives to community- or hospital-based pediatric practices to operate as medical homes
- State level policies and systems will help to ensure adequate capacity across State of Arkansas
- Enrollment in state health insurance programs will increase, and measures of resulting health status will reflect the benefits of providing care in a medical home model.

Results:

- ARKids A & B - continued activity in outreach activities is needed rather than eligibility changes. Approximately 70,000 are uninsured, but eligible. Re-enrollment is an issue. ARKids A is not continuous enrollment.
- Undocumented immigrant children are not being reached
- There is a need for less complicated continuity of coverage
- Passive re-enrollment - renewals are automatic unless otherwise notified (if client is dropped, then they may not be able to re-enroll into the same physician/medical home. AFMC is currently trying to contact patients to let them know they have 30 days to contact or schedule a well-child check up/EPSDT before they will be dropped from the list. The physician will then send a notice to Medicaid. Gil Buchanan suggested that this be an activity of the system rather than relying on response from individual physicians.
- There needs to be a way to document in the state systems when a family is not English speaking. After this is determined, all communication should be sent in primary language.
- ???How to create and coordinate hospital-based medical home environments
- A need for pilot projects to track health outcomes of children who participate in a medical home (AFMC has data on EPSDTs, but is incomplete and includes only those who use the correct billing)
- A need for Developmental Delay screening

Discussion:

Communities

- Community systems will be cultivated that will link medical services in an effective manner
- Communities will have access to services due to increased provider capacity

Children & Families

- All children will have a source of coordinated, comprehensive, and family-centered primary health care
- All children will be enrolled in public or private health insurance programs
- Families' health needs will be met through available services and systems
- Families will be able to apply for and access services readily
- Families will become informed consumers of health care

Results:

- There needs to be a more coordinated outreach effort and better communication in order to identify where children are. This effort needs to address diversity issues
 - the effort must involve school nurses, health insurance representatives, churches, center-based child care, day care family homes, etc.
 - School registration is prime opportunity for outreach
 - Information sharing to facilitate transition issues, especially for children with special needs (counselors, nurses, etc.)
- From the Medicaid standpoint, new guidelines for administrative match for school nurses will be extended to include outreach and other activities which can include medical home
 - Schools and school nurses will have to obtain i.d. numbers and become trained.
- Educate employers regarding the need for well-child care. Those companies that have onsite nursing staff may be able to provide information. A new look needs to be take about family leave time. "Family Friendly Initiative" might be a good contact
- Find sponsors for parent education classes, such as pharmaceutical companies, insurance, parent resource centers, co-ops, employers, churches, etc. - topics can include normal health

(Agenda Item #3, cont.)

- and development, obesity, pre-natal care, and other health issues.
- Distribute fact sheets at places of employment, high visibility locations (such as grocery, Wal-Mart, etc.)
- Take advantage of employer orientation meetings to inform parents of health information and ARKids enrollment.
- Health fairs
- "Healthy Families" public will campaign – it may be possible to work with this group (Angela Grimmet – ConnectCare advertising)
- Resource registry – could be web- or phone-based for state and local information – should be language appropriate
- Adequate and accessible coverage for both public and private insurance
- Address the issue of preventive health care vs. crisis care.

Agenda Item #4: Summary/Wrap-Up – Lynn and Kara

Tasks: Everyone was asked to put the August 31 meeting on their calendar. Details are:

- Joint meeting of all five work groups
- Tuesday, August 31, 2004
- 10:00 a.m. until 3:00 p.m.
- Calvary Baptist Church, 1901 N. Pierce St.

Also, check the web site (<http://www.state.ar.us/childcare/medicalhomes.html>) to review the logic model, updates on all other work groups, and information regarding the work of other states in dealing with medical homes issues.